REAS
Regular
Follow-Up

## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

					D CARE FACILITY			
				INSI	PECTION REPORT			
REAS Regular	ON ,	GRADE	Inspection	Date:	ESTABLISHMENT NAME: SAGAN LINALA TRANSH	IONAL	riving pi	POSRAM
Follow-Up		0	Time In/Ou	t:	OWNER/OPERATOR:			
Complaint			3:20PM	5:45 Pm	SANCTUARY INC.	l=		
Investigation Other:	on l	RATING	Sanitary Pe	ermit No	LOCATION: CHAIAN PAGO	FS OC	ment Type:	
Outer.		A	20000	18002120	PERMIT STATUS:		emporary .	Expired
No. of Childr	en: 1)	Male 2			Child Care License: No.: 170175 /			
The fol	lowing ite	ms identify	violations fo	und this da	v in the operations and facilities wh	ich must h	e corrected	by the next
inspection o	or sooner	as the Dep	artment indi	cates. Non	<ul> <li>compliance may result in downgra</li> </ul>	idina or pe	rmit suspen	sion. To appeal
ITEM*		a willen	equest for 11		t be submitted before the indicated ARKS	correction		CORRECT BY
	1 72#C	U.A. 1110	December 1		<del></del>			CONNECT BY
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6	COSTAC	0N 0n	118 201		ILLED IN A GRADE / RATIN	VG OF		
	2/A.	PROVIOUS	VIOLA	TION (t	(17) WAS COPPRETED.	THE		
P	יו ביסטים	ng we	P45 085	ENTO	TODAY:			19 <sup>14</sup> F
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	VO 710	ATIONS	1.1123 =	n 3aura.	4130			- 1
	30 10	UH HUNG	MERE	OISSEK!	<del>469.</del>			
P 8	Horas	<u> WRSE</u>	TAKEN	J				
1	POSTED	PLACA	RD "A	" ND	. 02611 W WAITING/SIGN	)-IN ARI	<b>A</b> .	4-0-121
T T	)ISCUSS	to Tith	S REPO					
					CASE MANAGE	2		
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						_ = _		2.1
I have	read and	d understa	nd the abo	ve violatio	n(s) and I am aware of the corre	ective me	asures to b	e taken.
*Note: V	Vhen any	y of the fol y shall be	lowing item corrected v	ns are vithin	Received By (Name & Title): ARITA I LESM (AM (ASC	Manu	سد .	Thosa
(2), (4), (6), (		of this ins (23), (24), (		) & (40).	DEH Inspector (Name & Title	): (	300.	9570